

Kansas State Fire Marshal's Office
Hazardous Materials Response & Training Program
700 SW Jackson, Suite 600
Topeka KS 66603-3714
Fax: 785-296-0151

Request for Training

Person Requesting: _____ Date of Request: _____

Position: _____ Phone No.: _____

Fire Dept.: _____ City: _____

Mailing Address: _____
(for class supplies)

Level of Training Requested: _____

Number of Students Anticipated: _____ (Note: Minimum: 15 Maximum: 30)

Training Date(s) Requested: _____

To Be Completed by State Fire Marshal's Office

Date Request Received: _____ By: _____

Instructor Contacted: Name: _____ Date: _____

Class dates arranged by instructor: _____

Class confirmed and authorized by: _____

Class Completion Date: _____ No. Students Participating: _____

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Note: If there are fewer than twelve students, the class will be cancelled.
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